

DEPARTMENT OF HEALTH SERVICES

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November 28, 2000

N.L: 10-1400

Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL DIRECTORS AND MEDICAL
CONSULTANTS, AND STATE CHILDREN'S MEDICAL SERVICES
(CMS) BRANCH STAFF

SUBJECT: CCS RATE INCREASES FOR MEDICAL SERVICES

This is to inform CCS county programs that reimbursement rates for a variety of medical services have been increased for services provided on or after August 1, 2000, as required by the 2000-2001 Budget Act. These rate increases apply to services reimbursed by both CCS and Medi-Cal.

A summary of the providers/services and the rate increases are as follows:

1 Physician services

- a. There is an average 15.6 percent increase for all physician services. The increases applied to individual Current Procedural Terminology codes will be reflected in the rate as identified in the Electronic Data Systems (EDS) claims processing system.
- b. There is a 30 percent increase for CCS physician intensive care services (for services provided in CCS approved Neonatal Intensive Care Units and Pediatric Intensive Care Units -- codes Z0100 through Z0108)
- c. The "CCS Augmentation" -- a 39.7 percent increase above the rate identified in the EDS claims processing system for services authorized by the CCS program.
 - 1) The 39.7 percent represents the total of the five percent appropriated in the 1999-2000 Budget Act and 34.7 percent identified in the 2000-2001 Budget Act.

- 2) The "CCS Augmentation " applies to the following procedure codes:

00100-01999, 10040-69979, 700010-79999, 90175-90179, 90780-97799, 99141-99142, 99201-99292, 99354-99357, 99360, 99381-99384, 99391-99394, 99431-99433, 99436-99440, Z0100-Z0108, Z0312, Z5428, Z5432, Z5434, and Z5436.
- 3) The "CCS Augmentation" will also apply to procedure codes 80049-89399, as long as the final rate does not exceed Medicare's maximum allowed amount for the laboratory service.

2. Physical Therapy and Occupational Therapy

- a. Thirty percent increase for physical therapy HealthCare Financing Administration Common Procedure Coding system (HCPCS) Codes X3900-X3936
- b. Thirty percent increase for occupational therapy HCPCS Codes X4100-X4120

NOTE: CCS Medical Therapy Units that are certified as Outpatient Rehabilitation Centers must bill using the new rates in order to receive the increased reimbursement for therapy services provided as medi-cal eligible beneficiaries

3. Speech Therapy services

Thirty percent increase for HCPCS Codes X4300-X4320.

4. Audiology services

- a. Thirty percent increase for HCPCS Codes X4500-X4546; V5008-V5010 and HCPCS Codes Z5900-Z5968.
- b. Hearing aids

- Monaural (HCPCS Codes V5030 – V5080), at the lesser of
- \$883.80, or
- the one-unit wholesale cost, plus \$256.37, or
- the amount billed
- Binaural hearing aids (HCPCS Codes V5120 – V5150), at the lesser of
- \$1,480.32, or
- the one-unit wholesale cost, plus \$326.08, or
- the amount billed

c. Ear molds

- Z3600 - \$24.73
- Z3602 - \$28.20

5. Psychology services

Thirty percent increase for HCPCS Codes X9500-X9550.

Claims that are currently processed by EDS will automatically reflect these multiple provider rate increases. Claims for physician services will have the "CCS Augmentation" of 39.7 percent applied to them, as part of the EDS claims processing system, in addition to the increases identified in 1.a. and b. above.

Claims with dates of service on or after August 1, 2000, that were processed before the increase is implemented will be automatically adjusted. It is anticipated that this change will be completed by late November or early December after the average 15.6 percent general physician rate increases are entered into the EDS claims processing system. Providers will receive a retroactive reimbursement check and Explanation of Benefits for those services.

CCS county programs whose CCS-only claims are not paid by EDS or who have been transitioned to EDS claims processing after August 1, 1999, are required to adopt the new rate increases. The rate increase should be applied retroactively to August 1, 1999, and August 1, 2000, respectively.

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For counties paying their own claims, retroactive adjustments must be made when requested by a provider. Instruct the provider to supply a copy of the original paid claim and county documents that verify payment for the services (e.g., remittance advice). This documentation is all that is required for the CCS county program to reprocess claims based on the date of service and the appropriate percentage rate.

If you have any questions, please contact your Regional Office Administrative Consultant.

A handwritten signature in black ink that reads "Maridee Gregory MD". The signature is written in a cursive, flowing style.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch